

Notice of Fee Due

Date:

03.18.08

Application Number:

10522650

A fee is due for the attached document for the reason indicated below. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee*. If an authorization is not present, notify the application of the fee deficiency.

***If the fee due is for any of the filing fees, check for authorization to charge the surcharge. If authorization is present, charge the surcharge for late payment of the filing fees as well.**

☐ Insufficient payment by check or money order.

☒ Insufficient funds in deposit account 22 at 2:02 (time).

☐ Insufficient payment by credit card.

☐ Declined credit card.

☐ No authorization to charge a deposit account.

Fee code(s) to be applied:

1506

180.-

Amount in holding fee code:

1506

1622/2622

1999

Total remaining due from applicant:

180.-

RAM Operator

Pete

Deposit Account Maintenance

Deposit Account Window Help



Deposit Account

Number: 502233

Current Balance: 27.00

Holder

Name: HOUSTON ELISEEVA LLP

Address

Attention:

J. GRANT HOUSTON

Street:

4 MILITIA DR. SUITE 4

Province:

City:

LEXINGTON

State:

MA

Postal Code: 02421

Country:

US

Telephone:

781-862-5566

Fax: 617-249-0316

Details

Category Code:

NONGOVNMNT

Type:

REGULAR

Notification Amt:

0.00

Status



Active



Closed

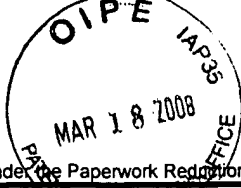
Available Balance: -6,973.00



Print Monthly Statement

FMETEKI1

03/18/2008



COPY

1FW 16898

PTO/SB/17 (10-07)

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
180

Complete if Known

| | |
|----------------------|-------------------------|
| Application Number | 10/522,650 |
| Filing Date | January 22, 2005 |
| First Named Inventor | Oleg Epshtein |
| Examiner Name | Szperka, Michael Edward |
| Art Unit | 1644 |
| Attorney Docket No. | 0075.0009US1 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 502233 Deposit Account Name: Maria M. Eliseeva

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

| | Fee (\$) | Small Entity Fee (\$) |
|----------------------------------------------------|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 210 | 105 |
| Multiple dependent claims | 370 | 185 |

Total Claims Extra Claims Fee (\$)
- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)
- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Submission of an Information Disclosure Statement 180

SUBMITTED BY

| | | | |
|-------------------|---------------------|---------------------------------------------|--------------------------|
| Signature | /Maria M. Eliseeva/ | Registration No. (Attorney/Agent) 43,328 | Telephone (781) 863-9991 |
| Name (Print/Type) | Maria M. Eliseeva | Date March 3, 2008 | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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